ISAC Notes affecting ISCs
Sept 22-24

New chairs Mike Danielson and Rich Hall presiding.

ISAC revised its list of priorities for DIR, attached.

ISAC determined that it should survey I/T/U DIR services users as to their priorities and concerns. It was written in draft but has not been completed.

ISAC will review its workplan and charter to begin addressing a 10-year vision.

ISAC sent recommendations to Dr. Grimm about concerns that required being addressed outside of DIR or outside in addition to inside DIR, attached.

The most interesting activity at the meeting, and probably the most important in the long run is collaboration with the VA. The VA is putting $125M per year into development of its health care software. They are adding a HealtheVet repository to their VistA applications in 2005. They are adding MyHealtheVet, a personal web access in 2004. HealtheVet will not be in MUMPS, but in Java. Its financials will be Oracle Financials. It will include Remote Data View, the capability to do a quick look at a patients record at another facility based on access privileges. They are also developing HealthePerson, a take-off using the same core that would be available to the public including IHS. They also have agreed to work with the IHS to incorporate IHS needs within their software rather than IHS having to modify it afterward. Their full development plans cover the next seven years.

INFORMATION SYSTEMS ADVISORY COMMITTEE PRIORITIES
FISCAL YEAR 2004

1. GUI/CPR

   Institute a Graphical User Interface (GUI) for the Resource and Patient Management System (RPMS). Also institute a state-of-the-art Computerized Patient Record (CPR) with the ability to manage clinical alerts/pathways and that contains data integrated from the various facilities a patient has visited.

2. BILLING (REVENUE GENERATION, COST AVOIDANCE)

   Provide a quality billing/general ledger system that is integrated into the Indian Health Service's (IHS) Health Information System.

3. DECISION SUPPORT SYSTEM

   Provide universally accessible decision support information that positively impacts the management and delivery of health care. This includes the Executive Information System Support (EISS) software application.

4. DATA QUALITY/ACCURACY

   Ensure quality public health and administrative data for all I/T/Us.

5. TRAINING (USER AND TECH)

   Provide effective information technology and data management training at all levels. (Up from 8th)

6. TELEMEDICINE COORDINATION

   Provide a clearing house and coordination point for quickly evolving telemedicine experience in the IHS. In addition, determine central points of repository for digital files. (Up from 12th)

7. INFRASTRUCTURE/ARCHITECTURE

   Facilitate the improvement and growth of I/T/U information processing platforms and their interconnectivity, using standardized systems and processes.

8. SECURITY

   Design and provide methods and standards to assure the privacy of all patient related data that will meet or exceed HIPAA and other government security requirements.

9. COST ACCOUNTING

   Provide a quality cost accounting system that is integrated into the IHS Health Information System.

10. ADMINISTRATIVE SYSTEMS

    Implement/support integrated administrative systems including asset management, personnel, UFMS, and IFAS. (new)

11. INTEROPERABILITY

    Facilitate the interoperability with commercial systems, institute an open standards based information system for the I/T/Us.

12. UNIFIED PATIENT RECORD

    Work toward inter-facility and inter-agency capabilities to exchange patient data for clinical care. (new)

Abbreviated summary of 9/24/03 recommendations from ISAC to Dr. Grim~~m~~

- Immediately support funding for the IHS-EHR development, roll-out and support.
- Develop and disseminate the EHR software package to service units.
- Establish a well defined EHR support, training and implementation program.
- Partner with the Veterans Health Administration (VHA) to assist in the implementation, training and support of the EHR.
- Pursue integrating technologies developed by the Department of Defense in their electronic medical record project called CHCSII.
- The decision support software packages (e.g., Cochrane, UpToDate, Micromedex, MedMarx, etc.) should be supported via national contracts and centrally funded.
- I/T/U sites immediately begin to install patches/upgrades (e.g., File 200, Cache, etc.) to RPMS systems in preparation for roll-out of new RPMS package versions this year.
- DIR update the projected 5-year Information Technology costs to bring the current infrastructure up to current industry standards.
- I/T/U sites urgently resolve the unverified Social Security Numbers in their registration database
- DIR correct the web-based FTS billing spreadsheets for FY2002, so that the figures can be used – as needed – for tribal negotiations.
- The implementation of measurable national multidisciplinary benchmarks related to business process improvement.
- OGC immediately provide an opinion regarding the HIPAA issue of exchanging tribal patient data with other IHS business partners (e.g., CMS, CDC, States, etc.).
- DIR develop a plan for streamlining infrastructure.
- Any additional Internet connections or business partner access be protected at the same level as existing Internet access points (e.g., firewalls, access lists, SMTP routing, etc.)
- Area/SU sites be notified that contracts with international business partners be reviewed by contracting (for security clearance) before access is granted to the IHSNet.
- DIR provide sample position descriptions and staffing models for technical and clinical support specialists to Areas and Service Units.
- All new or modified web pages created by IHS Web Developers or contractors be required to meet or exceed all of the web development standards, policies and guidelines issued by the Federal Government, HHS, IHS and Section 508.
- IHS develop a "Section 508 Implementation Plan" in accordance with the "HHS Policy for Section 508 Implementation" Draft document dated March 17, 2003.
- The ITIRB threshold of $300,000 (one-time) or $500,000 (over five year life-cycle) be used by all IHS sites rather than the ITIRB qualitative indicators
- Additional efforts are made concerning the implementation of video conferencing.